

FILE:

CASE NUMBER: 13-18784

DEBTOR: MICHAEL B
SARACENO JR

JUDGE

CHAPTER 11

DEBTOR'S MONTHLY OPERATING REPORT (INDIVIDUAL)

FOR THE PERIOD
FROM 9-1-16 TO 9-30-16

Comes now the above-named debtor and files its Monthly Operating Report in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

Dated: 10-23-16

MICHAEL m^cCRYSTAL
Attorney for Debtor

Debtor's Address

and Phone Number:

4507 SCHEIDT RD
COPLAY, PA. 18037
Tel. 610-442-7829

Attorney's Address

and Phone Number:

2355 OLD POST RD #4
COPLAY, PA. 18037
Bar No.
Tel. 610-262-7873

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program website,
<http://www.justice.gov/ust/r20/index.htm>

- 1) Instructions for Preparation Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)

**SCHEDULE OF HOUSEHOLD
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month	Cumulative Total
CASH - Beginning of Month	SEPTEMBER	
CASH RECEIPTS		
Salary or Cash from Business		
Wages from Other Sources (attach list to this report)		
Interest or Dividend Income		
Alimony or Child Support		
Social Security/Pension/Retirement	1580.00	
Sale of Household Assets (attach list to this report)		
Loans/Borrowing from Outside Sources (attach list to this report)		
Other (specify) (attach list to this report)	1500.00	
CHILDREN'S HELP		
TOTAL RECEIPTS		
CASH DISBURSEMENTS		
Alimony or Child Support Payments		
Charitable Contributions	80.00	
Gifts		
Household Expenses/Food/Clothing		
Household Repairs & Maintenance		
Insurance		
IRA Contribution		
Lease/Rent Payments		
Medical/Dental Payments	616.00	
Mortgage Payment(s)	3585	
Other Secured Payments		
Taxes - Personal Property		
Taxes - Real Estate		
Taxes Other (attach schedule)		
Travel & Entertainment		
Tuition/Education		
Utilities (Electric, Gas, Water, Cable, Sanitation)		
Vehicle Expenses		
Vehicle Secured Payment(s)		
U. S. Trustee Quarterly Fees		
Professional Fees (Legal, Accounting)		
Other (attach schedule)		
PAYING OF DEBT	951.00	
Total Household Disbursements	5232.00	
CASH - End of Month (Must equal reconciled bank statement- Attachment No. 2)		

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

Debtor Name: MICHAEL B. JARACENO JR.
 Case Number: 13-18784

Note: The information requested below is a summary of the information reported the various Schedules and Attachments contained within this report.

	Month <u>SEPTEMBER</u>	Cumulative Total
CASH- Beginning of Month (Household)		
CASH- Beginning of Month (Business)		
Total Household Receipts	<u>3080.00</u>	
Total Business Receipts	<u>6250.00</u>	
Total Receipts	<u>9330.00</u>	
Total Household Disbursements	<u>5232.00</u>	
Total Business Disbursements	<u>5638.00</u>	
Total Disbursements	<u>10,870.00</u>	
NET CASH FLOW (Total Receipts minus Total Disbursements)	<u>-1540.00</u>	
CASH- End of Month (Individual)		
CASH- End of Month (Business)		

CALCULATION OF DISBURSEMENTS FOR UNITED STATES TRUSTEE QUARTERLY FEES

TOTAL DISBURSEMENTS (From Above)		
Less: Any Amounts Transferred or Paid from the Business Account to the Household Account (i.e., Salary Paid to Debtor or Owner's Draw)		
DISBURSEMENTS FOR U.S. TRUSTEE FEE CALCULATION		

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief

This 23 day of OCTOBER 2016

Michael Jaraceno Jr.
Debtor's Signature

**SCHEDULE OF BUSINESS
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month SEPTEMBER	Cumulative Total
CASH - Beginning of Month		
BUSINESS CASH RECEIPTS		
Cash Sales		
Account Receivable Collection		
Loans/Borrowing from Outside Sources (attach list to this report)		
Rental Income	5631.00	
Sale of Business Assets (attach list to this report)		
Other (specify) (attach list to this report)		
Total Business Receipts		
BUSINESS CASH DISBURSEMENTS		
Net Payroll (Excluding Self)		
Salary Paid to Debtor or Owner's Draw (e.g., transfer to Household Account)		
Taxes - Payroll		
Taxes - Sales		
Taxes Other (attach schedule)		
Contract Labor (Subcontractors)		
Inventory Purchases		
Secured/Lease Payments (Business)		
Utilities (Business)	327.00	
Insurance		
Vehicle Expenses		
Travel & Entertainment		
Repairs and Maintenance		
Supplies		
Charitable Contributions/Gifts		
Purchase of Fixed Assets		
Advertising		
Bank Charges		
Other (attach schedule)		
MORTGAGES- TAXES- INS.	5311.00	
Total Business Disbursements	5638.00	
CASH - End of Month (Must equal reconciled bank statement - Attachment No. 2)		

QUESTIONS

1. Has the debtor been in the normal course of business during this reporting period?

2. Has the debtor been liable for any debt or other claim in possession of the creditor?

3. Has the debtor been liable for any debt or other claim in possession of the creditor?

4. Has the debtor been liable for any debt or other claim in possession of the creditor?

5. Has the debtor been liable for any debt or other claim in possession of the creditor?

6. Has the debtor been liable for any debt or other claim in possession of the creditor?

7. Has the debtor been liable for any debt or other claim in possession of the creditor?

8. Has the debtor been liable for any debt or other claim in possession of the creditor?

9. Has the debtor been liable for any debt or other claim in possession of the creditor?

10. Has the debtor been liable for any debt or other claim in possession of the creditor?

11. Has the debtor been liable for any debt or other claim in possession of the creditor?

If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

INSURANCE INFORMATION

1. Has the debtor been insured by any insurance company during this reporting period?

2. Has the debtor been insured by any insurance company during this reporting period?

If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATION OF INSURANCE

TYPE OF POLICY	and	CARRIER	Period of Coverage	Payment Amount and Frequency	Delinquency Amount
HOMEOWNERS		STATE FARM	1/1/16 - 12/31/16		
PROPERTY		STATE FARM	1/1/16 - 12/31/16		

Check here if United States Trustee has been listed as a Certificate Holder on all policies of insurance

INCLUDED IN M04679615

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

Estimated Date of Filing the Plan of Reorganization and Disclosure Statement: _____

ANNUAL COMPLETING REPORT -
INDIVIDUAL

ATTACHMENT NO. 2

BANK ACCOUNT RECONCILIATIONS

ATTACHED

Bank Account Information	Account #1	Account #2	Account #3	Account #4
Name of Bank: FIRST NIAGARA				
Account Number: 007806214453				
Purpose of Account (Business/Personal) DEBTOR ACC'T				
Type of Account (e.g. checking)				
1. Balance per Bank Statement				
2. A/D: Deposits not credited (attach list to this report)				
3. C/OUT: Outstanding Checks (attach list)				
4. Other Reconciling Items (attach list to this report)				
5. Month End Balance (must Agree with Books)				
TOTAL OF ALL ACCOUNTS				\$

Note: Attach a copy of the bank statement and bank reconciliation for each account.

Investment Account Information	Date of Purchase	Type of Instrument	Purchase Price	Current Value
Bank / Account Name / Number				

Note: Attach a copy of each investment account statement.

Account Number	
Purpose of Account (Personal)	
Type of Account (e.g., Checking)	

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.

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ATTACHMENT NO. 33

10.11 DISBURSEMENTS: DETAILS - BUSINESS

Account Number Purpose of Account (Business) Part of Account (e.g., Checking)	OPERATING
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[illegible]

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

2. Next, it is important to gather relevant information and data. This can be done through research, consultation with experts, or by analyzing existing data sets.

3. Once the information is gathered, the next step is to analyze it. This involves identifying patterns, trends, and relationships that can help in understanding the problem.

4. After analysis, the next step is to develop a solution or plan. This involves identifying the most effective and efficient way to address the problem.

5. Finally, the solution is implemented and the results are evaluated. This involves monitoring the progress and making adjustments as needed to ensure the solution is effective.

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MONTHLY OPERATING REPORT -
INDIVIDUAL

ATTACHMENT NO. 4

ACCOUNTS RECEIVABLE RECONCILIATION (Pre- & Post-Petition)	Scheduled Amount	Current Month
Accounts Receivable Beginning Balance		
Plus: Billings During the Month		
Less: Collections During the Month		
Adjustments or WriteOffs**		
Accounts Receivable Ending Balance**		

ACCOUNTS RECEIVABLE AGING (Pre- & Post-Petition)	Scheduled Amount	Current Month
0 - 30 Days		
31 - 60 Days		
61 - 90 Days		
Over 90 Days		
Total Accounts Receivable**		

* Attach explanation of any adjustment or writeoff.

** The "current month" of these two lines must equal.

POST-PETITION TAXES	Beginning Tax Liability*	Amount Withheld & or Accrued
Federal Taxes		
Withholding**		
FICA - Employee		
FICA - Employer		
Unemployment		
Income		
Other (Attach List)		
Total Federal Taxes		
State & Local Taxes		
Withholding		
Sales		
Unemployment		
Real Property		
Personal Property		
Other (Attach List)		
Total State & Local Taxes		
Total Post-Petition Taxes		

* The beginning tax liability should represent the liability from the prior month, or if this is the first report, the amount should be zero.

** Attach copies of IRS Form 9423 or your FTD coupon and payment receipt to verify payment or accrual.

MONTHLY OPERATING REPORT -
INDIVIDUAL

ATTACHMENT NO. 1

QUESTIONNAIRE		
	YES*	NO
1. Have any assets been sold or transferred outside the normal course of business during this reporting period?		/
2. Have any funds been disbursed from any account other than a debtor in possession account?		/
3. Are any post-petition receivables (accounts, notes, or loans) due from any relatives, insiders, or related party?		/
4. Have any payments been made on pre-petition liabilities this reporting period?		/
5. Have any post-petition loans been received by the debtor from any party?		/
6. Are any post-petition payroll taxes past due?		/
7. Are any post-petition state or federal income taxes past due?		/
8. Are any post-petition state or local sales taxes past due?		/
9. Are any post-petition real estate taxes past due?		/
10. Are any amounts owed to post-petition creditors/vendors delinquent?		/
11. Are any wage payments past due?		/

*If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

INSURANCE INFORMATION		
	YES	NO*
1. Are real and personal property, vehicle/auto, general liability, fire, theft, worker's compensation, and other necessary insurance coverages in effect?	/	
2. Are all premium payments current?	/	

*If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATION OF INSURANCE					
TYPE of POLICY	and	CARRIER	Period of Coverage	Payment Amount and Frequency	Delinquency Amount
HOME OWNERS		STATE FARM	7-10-14		
			7-10-15		
PROP. RENTAL		STATE FARM	12-30-14	↑	
"		CEBANON INS	12-30-15		

Check here if United States Trustee has been listed as a Certificate Holder on all policies of insurance.

10-1-14 - 10-1-15

INCLUDED IN MORTGAGE

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

Estimated Date of Filing the Plan of Reorganization and Disclosure Statement: _____